

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023156

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 032  
FILED JUN 25 1963

Primary Registration District No. 4048

Registrar's No. 46

1. PLACE OF DEATH a. COUNTY <b>BOLLINGER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>BOLLINGER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>MARBLE HILL</b>		c. CITY OR TOWN <b>MARBLE HILL</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>RESIDENCE</b>		d. STREET ADDRESS (If outside, give location) <b>MARBLE HILL</b>	
3. NAME OF DECEASED First <b>LENA</b> Middle <b>HUNZIKER</b> Last <b>HUNZIKER</b>		4. DATE OF DEATH <b>JUNE 12, 1963</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JULY 3, 1872</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>EDWARDSVILLE, ILL.</b>	
13a. FATHER'S NAME <b>RUDOLPH HUNZIKER</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ANN KREBS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		17. INFORMANT <b>MISS ETHEL FORMWAY, MARBLE HILL, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute congestive myocardial failure</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I. or PART II. of item 18.) _____	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____	
21. I attended the deceased from <b>7-23-62</b> to <b>6-12-63</b> and last saw her alive on <b>6-12-63</b> Death occurred at <b>7:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>John D. Buckhart, Jr.</b> (Degree or title) _____ 22b. ADDRESS <b>Lutesville, Mo.</b> 22c. DATE SIGNED <b>6-15-63</b> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JUNE 14, 1963</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>EBENEZER CEMETERY</b>		23d. LOCATION (City, town, or county) <b>BOLLINGER COUNTY, MO.</b>	
24. FUNERAL DIRECTOR <b>BAKER FUNERAL HOME, LUTESVILLE, MO.</b> ADDRESS _____		25. DATE RECD. BY LOCAL REG. <b>6/20/63</b> 26. REGISTRAR'S SIGNATURE <b>Marble Mo. Buford</b>	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VS 300  
Rev. 4/59  
1 0090  
2 0090  
3  
4 1  
5 0  
6  
7 1  
8 2  
9 4500  
10  
11  
12 90-2  
13 1-0

SEP 5 - 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edw. A. Graham

Licensed Embalmer No. 5195

P. O. Address Lutesville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.